CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 2016	Date: January 26, 2018					
	Change Request 10032					

SUBJECT: Part B Detail Line Expansion - VMS

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services (CMS) believes that there is a need to expand the downstream systems to allow for 50 detail lines. CMS requested an analysis and design estimate from the Part B shared system maintainers (SSMs) and the Common Working File (CWF) for an expansion in the number of detail lines of service, which can be brought into the claims adjudication system and stored in downstream systems. While the VMS system is not expanding detail lines beyond their current thirteen, they will however, need to make several changes to their system in order to accommodate the CWF record changes related to these modifications.

EFFECTIVE DATE: July 1, 2018

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: July 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

SUBJECT: Part B Detail Line Expansion - VMS

EFFECTIVE DATE: July 1, 2018

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IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: In an effort to ensure that beneficiaries are receiving the best possible care from Medicare providers, the Centers for Medicare & Medicaid Services (CMS) wants to increase the number of detail lines, which can be submitted to the claims processing systems, as well as, the downstream systems. CMS requested an analysis and design estimate from the Part B shared system maintainers (SSMs) and the Common Working File (CWF) for this expansion initiative. CMS believes that there is a need to expand the downstream systems to allow for 50 detail lines.

This change request (CR) is a follow up to CR 9096. This is one of several CRs being written to make the necessary system modifications for a Part B detail line expansion. While the VMS system is not expanding detail lines beyond their current thirteen, they will however, need to make several changes to their system in order to accommodate the CWF record changes related to these modifications.

B. Policy: The 2006 Tax Relief and Health Care Act (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	R	Responsibility							
		A/B		D		Shared-			Other	
		1	MA	\mathbb{C}	M	System				
				Е			Maintainers			
		Α	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10032.1	Contractor shall update to send the CWF query and							X		
	the BDS request using the new layout that allows for									
	up to 50 claim lines per transmit record.									
10032.1.1	Contractor shall continue to send no more than 13							X		
	claim lines per transmit record.									
10032.2	Contractor shall update VMS CWF response and BDS							X		
	response processing to accept the new trailer changes.									
10032.3	Contractor shall update VMS Entry Code Nine (EC9)							X		
	processing to accommodate the CWF query layout									
	changes.									
10032.4	Effective for claims processed on or after July 2, 2018								X	
	through January 1, 2019, the contractor shall									
	implement a new Part B/DMEPOS consistency edit in									

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		N	MAC		M	System				
					Е	Maintainers			ers	
		A				F	M	V	C	
				Н		I		M	W	
				Н	A	S	S	S	F	
					C	S				
	production to not allow claims with more than 13									
	details to process.									
	NOTE THE L									
	NOTE: This business requirement rescinds and									
	replaces BR 10031.8 of Transmittal 1911 dated									
	August 22, 2017. This edit will be date activated in									
	a CICS region.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		1	MA(2	M	E
					Е	D
		Α	В	Н		I
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A "Should" denotes a recommendation.

Ref quirement mber	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov, Brian Reitz, 410-786-5001 or Brian.Reitz@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0